



# Freedom to Choose

May 2011

Go Simple  
Go Smart  
and Save



# CDH Gold Plan

- CDH Gold health plan (Open Choice PPO) combined with an HRA Fund
  - CDH Gold Health Plan 90%/10% in network
  - Referrals not required
- Freedom to go in or out of network
- Preventive care covered 100%
- State of Delaware contributes to the HRA Fund each year
- Unused HRA Fund rolls over each year





# The CDH Gold Plan

## Deductible

Members pay this before the health plan begins to pay for eligible expenses

## Health Plan

Once deductible is met the health plan pays 90% of eligible costs while employee pays 10% for in-network services

## The Fund

Helps to pay for eligible out-of-pocket expenses

.....  
State of Delaware funds HRA each plan year

**Preventive Care covered at 100%**  
**Out-of-Pocket Maximum**



## Aetna CDH Gold Plan

In Network	Out of Network
Fund <ul style="list-style-type: none"><li>▪\$1,250 single</li><li>▪\$2,500 family</li></ul>	Fund <ul style="list-style-type: none"><li>▪\$1,250 single</li><li>▪\$2,500 family</li></ul>
Deductible <ul style="list-style-type: none"><li>▪\$1500 single</li><li>▪\$3,000 family</li></ul>	Deductible <ul style="list-style-type: none"><li>▪\$1,500 single</li><li>▪\$3,000 family</li></ul>
Out of Pocket Maximum <ul style="list-style-type: none"><li>▪\$3,000 single</li><li>▪\$6,000 family</li></ul>	Out of Pocket Maximum <ul style="list-style-type: none"><li>▪\$6,000 single</li><li>▪\$12,000 family</li></ul>
Coinsurance* <ul style="list-style-type: none"><li>▪90%</li></ul>	Coinsurance* <ul style="list-style-type: none"><li>▪70%</li></ul>

\*Refer to plan documents to confirm all coinsurance benefits

# Prevention – Key To Your Good Health



## Preventive care covered 100 percent

Good news! Your plan covers the preventive services listed here 100 percent as part of preventive care. This includes routine screenings and checkups. It also includes counseling you get to prevent illness, disease or other health problems.

You won't have to pay anything for these services when:

- You get them from a doctor or other health care provider in our network
- The main purpose of your visit is to get preventive care

That means no copayment and no coinsurance. You don't have to meet your deductible first.

Many of these services are covered as part of routine physical exams. These include regular checkups, routine gynecological visits and well-child exams. You won't have to pay out of pocket for these preventive visits, unless you get services not on this list at the same time.

But, these services are *not* preventive if you get them as part of a visit to diagnose, monitor or treat an illness or injury. Then copays, coinsurance and deductibles apply.

Let your network doctor know that Aetna covers these preventive services 100 percent when they are billed as part of your preventive care. Aetna follows the recommendations of national medical societies about how often children, men and women need these services. Be sure to talk with your doctor about which services are right for your age, gender and health status. Your Aetna plan complies with the new federal health care reform law.

## Covered preventive services for adults

### Screenings for:

- Abdominal aortic aneurysm (one-time screening for men of specified ages who have ever smoked)
- Alcohol misuse
- Blood pressure
- Cholesterol (for adults of certain ages or at higher risk)
- Colorectal cancer (for adults over 50)
- Depression
- Type 2 diabetes (for adults with high blood pressure)
- HIV (for all adults at higher risk)
- Obesity
- Tobacco use
- Syphilis (for all adults at higher risk)

### Counseling for:

- Alcohol misuse
- Aspirin use for men and women of certain ages and cardiovascular risk factors
- Diet (for adults with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease)
- Obesity
- Sexually transmitted infection (STI) prevention (for adults at higher risk)
- Tobacco use (including programs to help you stop using tobacco)

## Immunizations:

Doses, recommended ages, and recommended populations vary.

- Diphtheria, pertussis, tetanus (DPT)
- Hepatitis A
- Hepatitis B
- Herpes zoster
- Human papillomavirus (HPV)
- Influenza (Flu)
- Measles, mumps, rubella (MMR)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Varicella (chicken pox)

## Additional covered preventive services for women

### Screenings for:

- Breast cancer (mammography every 1 to 2 years for women over 40)
- Cervical cancer (for sexually active women)
- Chlamydia infection (for younger women and other women at higher risk)
- Gonorrhea (for all women at higher risk)
- Osteoporosis (for women over age 60 depending on risk factors)





## Additional covered preventive services for women (cont.)

### Counseling for:

- BRCA (counseling about genetic testing for women at higher risk)
- Breast cancer chemoprevention (for women at higher risk)
- Folic acid supplements (for women of child-bearing ages)

### Additional services for pregnant women:

- Anemia screenings
- Bacteriuria urinary tract or other infection screenings
- Rh incompatibility screening, with follow-up testing for women at higher risk
- Hepatitis B counseling (at the first prenatal visit)
- Expanded counseling on tobacco use
- Breast feeding interventions to support and promote breast feeding after delivery

## Covered preventive services for children

### Screenings and assessments for:

- Alcohol and drug use (for adolescents)
- Autism (for children at 18 and 24 months)
- Behavioral issues
- Cervical dysplasia (for sexually active females)
- Congenital hypothyroidism (for newborns)
- Developmental (screening for children under age 3, and surveillance throughout childhood)
- Hearing (for all newborns)
- Height, weight and body mass index measurements
- Lipid disorders (dyslipidemia screening for children at higher risk)
- Hematocrit or hemoglobin
- Hemoglobinopathies or sickle cell (for newborns)
- HIV (for adolescents at higher risk)
- Lead (for children at risk of exposure)
- Medical history
- Obesity
- Oral health (risk assessment (for young children))

- Phenylketonuria (PKU) (newborns)
- Tuberculin testing (for children at higher risk of tuberculosis)
- Vision (screening as part of physical exam, not separate eye exam)

### Medications and supplements:

- Gonorrhea preventive medication for the eyes of all newborns
- Iron supplements (for children ages 6 to 12 months at risk for anemia)

### Counseling for:

- Fluoride (prescription chemoprevention supplements for children without fluoride in their water source)
- Obesity
- Sexually transmitted infection (STI) prevention (for adolescents at higher risk)

### Immunizations:

From birth to age 18 — doses, recommended ages, and recommended populations vary.

- Diphtheria, pertussis, tetanus (DPT)
- Haemophilus influenzae type b
- Hepatitis A
- Hepatitis B
- Human papillomavirus (HPV)
- Inactivated poliovirus
- Influenza (Flu)
- Measles, mumps, rubella (MMR)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Rotavirus
- Varicella (chicken pox)



## How It Works – Employee Only Example

Here is an example of how the Aetna CDH Gold plan with an HRA plan works over two years. This example is for an employee only plan:

- Preventive care is 100 percent covered and does not count toward your deductible
- Your family can use both in- and out-of-network doctors and hospitals
- The State of Delaware contributes \$1,250 to the fund (unused funds roll over to the next year)
- The Aetna CDH Gold plan has a \$1,500 deductible



## How It Works – Year One

- YOU visit your doctor for a routine physical exam. The exam charge is \$100. The CDH Gold plan covers preventive care at 100 percent. So you pay nothing. And nothing is paid from the fund.
- Later in the year, you sprain your ankle. During the office visit, your doctor takes X-rays. Your total expense is \$300: \$175 for the X-rays and \$125 for the office visit.
- If you have not yet met your deductible, you are responsible for paying that \$300. Under the Aetna CDH Gold plan, this amount is paid in full out of the fund. That means you pay nothing out of pocket. And the amount paid from the fund reduces your deductible. Your remaining deductible is \$1,200 (\$950 remains in the fund).
- You have no other health care expenses for the rest of the year.
- At the end of Year One, \$950 remains in the fund. That amount will be rolled over to the next year.





## How It works - Year One Continued

- Fund: \$1,250
- Health plan deductible: \$1,500
- After deductible is met:
  - Health plan pays: 90% (Network) / 70% (Out of Network)
  - You pay: 10% (In Network) / 30% (Out of Network)

### A LOOK AT YEAR ONE

- Total Expenses: \$400
- The Fund:
- You start with: \$1,250
  - You use: \$300
  - Remaining fund: \$950
  - Total Amount Paid by Plan: \$100
  - Total Amount Paid by Fund: \$300
  - Total Amount You Paid: \$0
  - Total Roll Over Amount to Next Year: \$950



## How It works - Year Two

- Early in the year, you need surgery. The cost is \$9,200.
- You start the year with \$2,200 in the fund.
- This includes \$1,250 from the State of Delaware for this year plus \$950 rolled over from last year. If you have not yet met your \$1,500 deductible, you must pay that \$1,500 from your pocket first. However, under the Aetna CDH Gold plan, the fund pays \$1,500 toward your deductible.
- Now that you've met your deductible, there is a balance of \$7,700 to pay for surgery. You still have \$700 remaining in the fund.
- The health plan now begins to pay. You visited network doctors and facilities.
- So, your health plan pays 90% of the balance (\$6,930) and you are responsible for 10% (\$770). However, the fund pays \$700 towards your coinsurance amount and you are responsible for \$70.
- At the end of Year Two, the fund balance is \$0.
- You'll start Year Three with a new fund balance of \$1,250.



## How It works - Year Two Continued

### A LOOK AT YEAR TWO

■ Total Expenses: \$9,200

#### The Fund:

■ Year Two employer contribution: \$1,250  
■ Amount rolled over from Year One: \$950  
■ Year Two starting fund balance: \$2,200  
■ You use: \$2,200

#### Your Deductible:

■ Health plan deductible (Year Two): \$1,500  
■ Amount paid from the fund: \$1,500  
■ Remaining balance: \$7,700  
■ Amount you paid to meet the deductible: \$0

■ Remaining expenses: \$7,700

#### Your Health Plan:

■ Amount paid by plan (90% of \$7,700): \$6,930  
■ Your coinsurance amount (10% of \$7,700): \$770  
■ Amount paid by the Fund : \$700  
■ Remaining balance: \$70  
■ Total Amount Paid by Plan: \$6,930  
■ Total Amount Paid by Fund: \$2,200  
■ Total Amount You Paid: \$70 (your share of the health costs)  
■ Total Roll Over amount to Next Year \$0



## How It Works - Family Example

Here is an example of how the Aetna CDHP Gold plan with an HRA plan works over two years. This example is for a family plan:

- Your family uses both in- and out-of-network doctors and hospitals
- The State of Delaware contributes \$2,500 to the family fund (unused funds roll over to the next year)
- The Aetna CDH Gold plan has a \$3,000 family deductible (the family deductible can be met by two or more family members, but no one individual is charged more than the individual \$1,500 limit.)



## How It Works – Year One

- YOU visit an out-of-network specialist for an exam and testing. The charge is \$1,000.
- If you have not yet met your family deductible, you are responsible for paying the \$1,000. Under the CDH Gold plan, this amount is paid in full out of the family fund. That means you pay nothing out of pocket. And the amount paid from the family fund reduces the family deductible. Your remaining family out of network deductible is \$2,000. Your remaining family fund balance is \$1500.
- Later in the year, YOUR SPOUSE has surgery performed by an in-network doctor. The charge is \$1,000.
- Since your family deductible has not been met, you are responsible for paying that \$1,000. But again, under the CDH Gold plan, this amount is paid in full out of the family fund and you pay nothing out of pocket. And the amount paid from the family fund reduces the family deductible. Your remaining family deductible is now \$1,000, and your remaining family fund balance is \$500.
- Your family has no other health care expenses for the rest of the year.
- At the end of Year One, \$500 remains in the family fund. That amount will be rolled over to the next year.



## How It works - Year One Continued

- Family Fund \$2,500
- Health plan family deductible \$3,000
- After family deductible is met:
  - Health plan pays 90% (Network) / 70% (Out of Network)
  - You pay: 10% (Network) / 30% (Out of Network)

### A LOOK AT YEAR ONE

- Total Expenses \$2,000
- The Fund:
- You start with: \$2,500
  - You use: \$2,000
  - Remaining fund: \$500
  - Total Amount Paid by Plan: \$0
  - Total Amount Paid by Fund: \$2,000
  - Total Amount You Paid: \$0
  - Total Roll Over Amount to Next Year: \$500





## How It Works - Year Two

- YOUR DAUGHTER has surgery, performed by an in-network doctor at an in-network surgical facility. The charge is \$5,000
- You start the year with \$3,000 in the family fund.
- This includes \$2,500 from the State of Delaware for this year plus \$500 rolled over from last year.
- Your \$3,000 family deductible has not been met yet, however, no one person must meet more than the \$1,500 individual deductible. Under the Aetna CDH Gold plan, the family fund pays \$1,500 toward your family deductible, leaving a balance of \$1500 remaining in the family fund.
- Now that your daughter's portion of the family deductible has been met, there is a balance of \$3,500 to pay for surgery.
- The health plan now begins to pay. Your daughter visited an in-network doctor and facility. So, your health plan pays 90 percent of the balance (\$3,150) and you pay 10 percent (\$350). Under the CDH Gold plan, your portion of the remaining balance is paid in full out of the family fund.
- Your family has no other health care expenses for the rest of the year.
- At the end of Year Two, the family fund balance is \$1,150. You'll start Year Three with a new family fund balance of \$3,650.



## How It Works – Year Two Continued

### A LOOK AT YEAR TWO

■ Total Expenses: \$5,000

#### The Family Fund:

■ Year Two employer contribution: \$2,500

■ Amount rolled over from year one: \$ 500

■ Year Two starting family fund balance: \$3,000

You use: \$1,850

#### Remaining expenses:

■ Your Family Deductible (Year Two): \$3,000

■ Amount paid from the family fund: \$1,500 (one person pays no more than the individual limit)

Remaining balance: \$1,500

■ Amount you paid to meet the deductible: \$0

#### Remaining expenses:

#### Your Health Plan:

■ Amount paid by plan (90% of \$3500): \$3,150

■ Amount paid by you (10% of \$3500): \$ 350

Remaining expenses: \$0

■ Total Amount Paid by Plan: \$3,150

■ Total Amount Paid by Fund: \$1,850

■ Total Amount You Paid: \$0

■ Total Roll Over Amount to Next Year: \$1,150



## Accessing Care

- The health care professionals you want
- Large local network of providers in Delaware, District of Columbia, PA and Maryland
- Access to all major acute care hospitals as well as participating urgent care facilities and walk in clinics
- Over 825,000 physicians nationwide
- Enjoy the freedom to visit any doctor you choose without referrals in the CDH Gold plan





## Easy access to health information when you need it



- Health info on the go – Aetna has an app for that
- Look up Aetna Coverage Policy Bulletins to see how and why certain care is covered
- Research health terminology in the Healthwise® Knowledgebase
- Surf the Aetna IntelliHealth® website (<http://www.aetna.com/health-ellness/index.html>), developed in collaboration with Harvard University





# State of Delaware Custom Website

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# Finding a Doctor is Easy

- Find participating health care professionals by location, specialty and more!



Help

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**Helpful Information**

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### Customized Online Provider Directory for the State of Delaware Medical Program

**Aetna is there for you!**

Welcome to the online provider directory designed specifically for you, the State of Delaware employees and members. This site provides easy access to lists of Aetna participating medical providers for the plan offered by the State of Delaware.

Searching for Aetna participating providers is as easy as 1, 2, 3! Just click the 'Enter DocFind' button below, follow the screen prompts for the provider search, and print off the participating provider information!

If you have any questions on the plan you are eligible for or coverage information, you may also contact your Aetna customer service teams at the numbers below.

**Aetna Medical Customer Service: 1-877-54 Aetna**

[Click here](#) to learn more about the Aetna Programs

If you have an Out of Area Dependent, please contact customer service for assistance.

[Click here](#) to view the New Quest Diagnostic Lab Service Center Location eff 6/1/08  
Lantana Square Shopping Center, Hockessin, De

**Effective March 1, 2008 Dover Family Physicians is a participating provider.**

[Important information](#) for DocFind users who live in California, Massachusetts, Texas or Washington.

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- See EOBs
- Contact Member Services
- Cost of Care tools
- Learn about Perks
- Explore interactive on line tools to optimize your health

Need Help? **Ask Ann**  
Our Virtual Assistant  
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Secure 24/7 access to:

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- Find costs of tests and doctor visits

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Use your web enabled phone or mobile device to:


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- Search for relevant personal health information to make important decisions about caring for your health needs

We want you to know<sup>®</sup>



To learn more about Aetna's health plans and other services [contact us](#)

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**Aetna SmartSource<sup>SM</sup>**

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Select a sample topic

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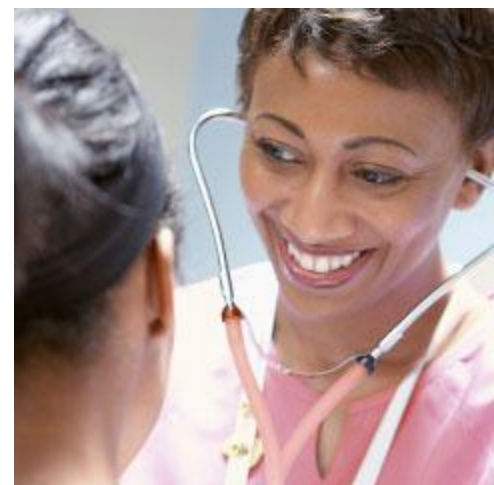


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Health Info on the go:

- Look for a provider near you, get directions
- Check your HRA Fund Balance
- Temporary ID card
- Check status of a claim





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After you enroll, go to Aetna Navigator for details on how to get started with our discount programs.





# Aetna Accolades

- *Diversity Employers Magazine has named Aetna to its list of Top 100 Employers for the Class of 2011.*
- *Aetna was identified as the **preferred partner for hospitals and health systems across the U.S.** in the Davies Public Affairs 2009 national payer survey of hospital executives. The survey reveals a "strong preference from hospitals based on trust, honesty, business practices and good faith negotiations."*
- *DiversityInc named Aetna to its 2011 list of **Top 50 Companies for Diversity**® for the third straight year. Aetna moved up to 19th place. In addition, DiversityInc ranked Aetna as a Top 10 company for lesbian, gay, bisexual and transsexual (LGBT) employees and employees with disabilities.*
- *Aetna in 2011 was awarded the National Business Group on Health 's inaugural "Award for Innovation in Reducing Health Care Disparities." Aetna was among six organizations recognized for their commitment to racial and ethnic equality in health care and outstanding support for a culturally diverse workforce.*



To Learn more about your choices visit

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Or call us at

**1-877-54-Aetna**